

Application for Plumbing Contractor Examination
Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

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Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Instructions:

- Complete and **sign original application**. Type or print in ink.
- To qualify for a **plumbing contractor license** you shall hold a Michigan master plumber license or employ a master plumber as your representative. Only an owner of a sole proprietorship or partnership, or officer of a corporation or limited liability company, may apply for a plumbing contractor license. The license will not be issued without master plumber representation.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

Examination Eligibility of Applicants From Another State or Country

A person who is licensed as a plumbing contractor in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY

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Applicant Information

NAME (Last, First, Middle)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
		XXX-XX-
HOME ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan plumbing contractor examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you licensed as a plumbing contractor in another state or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing Contractor License No. _____ State/Country _____		

Examination Preference

Examinations are conducted in March, June, September, and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____ ☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Employment Information - In accordance with law, applicants must provide complete business or employment information for the previous 5 years. (Attach additional sheets if necessary)

PRESENT BUSINESS NAME / EMPLOYER		TYPE OF BUSINESS	
ADDRESS		DATES OF EMPLOYMENT (MM/DD/YY)	
		FROM:	TO:
CITY	STATE	ZIP CODE	COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION			TITLE

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Employment Information (Cont.)

PREVIOUS BUSINESS NAME / EMPLOYER		TYPE OF BUSINESS	
PREVIOUS ADDRESS		DATES OF EMPLOYMENT (MM/DD/YY)	
CITY	STATE	FROM: ZIP CODE	TO: COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION			TITLE

Background Information

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE	DATE
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Certification and Signature (Must be signed by all applicants)

I certify all information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.

SIGNATURE OF APPLICANT	DATE
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